PLACE OF DEATH	ARIZONA STATE BOARD OF HEALTH
County Cacheto	BOKENO OF ALLYE CIVILATION
County	County Registered No
District	ORIGINAL CERTIFICATE OF DEATH
or City Den	<b>Q</b> +.
No	rred in a Hospital or Institution, give its NAME instead of street and number.)
(If death occur	
WARE 1916	has Roman breker
FULL NAME	MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PAR	TICOLINICO
Boso   SINGL	E DATE OF DUALITY
White Indian MARRI	TED VED (Month) (Day) (Year VORCED
Mestean	2/ I hereby certify, that Lattended deceased from March 3
DATE OF BIRTH	I hereby certify, that lattended deceased a slive I lead to a like the I
(Month)	(Day) (Year) 1947 to love 1927; that I last Bay
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	less than I day on Rusek / 1922 and that death occurred on the day
yrs. 4 mos /9 days hrs.,	ormin. M The DISEASE or INJURY causin
OCCUPATION (a) Trade, profession or	death was as follows: Broughta Capallan
4	death was as follows.
	The state of the s
which employed or (employer)	days
BIRTHPLACE (State or country)	(Duration)yrsmosdays
E NAME OF	Was disease contracted in Arizona?
FATHER The hove	( not where?
NAME OF FATHER CONTROL OF FATHER  (State of country)	CONTRIBUTORY
FATHER  (State of country)  (State of country)	(Duration) yrs mos days
11 11 1	of De a On Our
E OF MOTHER Lenne	(Signed) (Address) Della (Address)
BIRTHPLACE OF  MOTHER (State or country)  (State or Country)	
MOTHER (State or country) - Wing THE ABOVE IS TRUE TO THE BEST OF	F MY KNOWLEDGE   and (2) Whether PRIDENCE
THE ABOVE IS TRUE TO THE BUSINESS	LENGTH OF RESIDENCE INAPPONA VISCOMOS
· Lames hopes	At place of deathyrs. 6 moszt. us. Inalian
(Informant) Personal Property	Former or Usual Residence
(Address)	DE BURIAL EMOVAL  Local Regulation  Local Regulation
REMOVAL	
E aural ling Harris	2/2 19182 Filed of RY 10 mfre
UNDERTAKER	County Registr